

Developing Women Leaders

Diane Magrane, M.D.

Creating Systems of Organizational Vitality– Actions for Leaders

Jennifer Sheridan, Ph.D.

Enhancing Departmental Climate to Promote the Development of Women Leaders of Academia

Sue Shafer, Ph.D.

Fostering Leadership– Learning from Two Institutions

Questions and Challenges

- What does it take to create a system that effects increased recruitment, support, and retention of productive women faculty?
- How does data both inspire and direct organizational changes that improve the climate for success for faculty?
- How can each of us contribute to the development and improvement of systems of support for women academic leaders?



Tomorrow's Doctors, Tomorrow's Cures

Creating Systems of Organizational Vitality – actions for leaders

Learn

Serve

Lead

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Association of
American Medical Colleges

LEADERSHIP

“ a process that ordinary people use when they are bringing forth the best from themselves and others.”

Kouzes and Posner,

Seven Lessons for Leading the Voyage to the Future, in Hesselbein, Goldsmith, and Beckhard, eds. The Leader of the Future

Developing Leaders in an Academic Medical Center- like baking a pie?

We need the right kitchen and skilled (teaching) chefs!



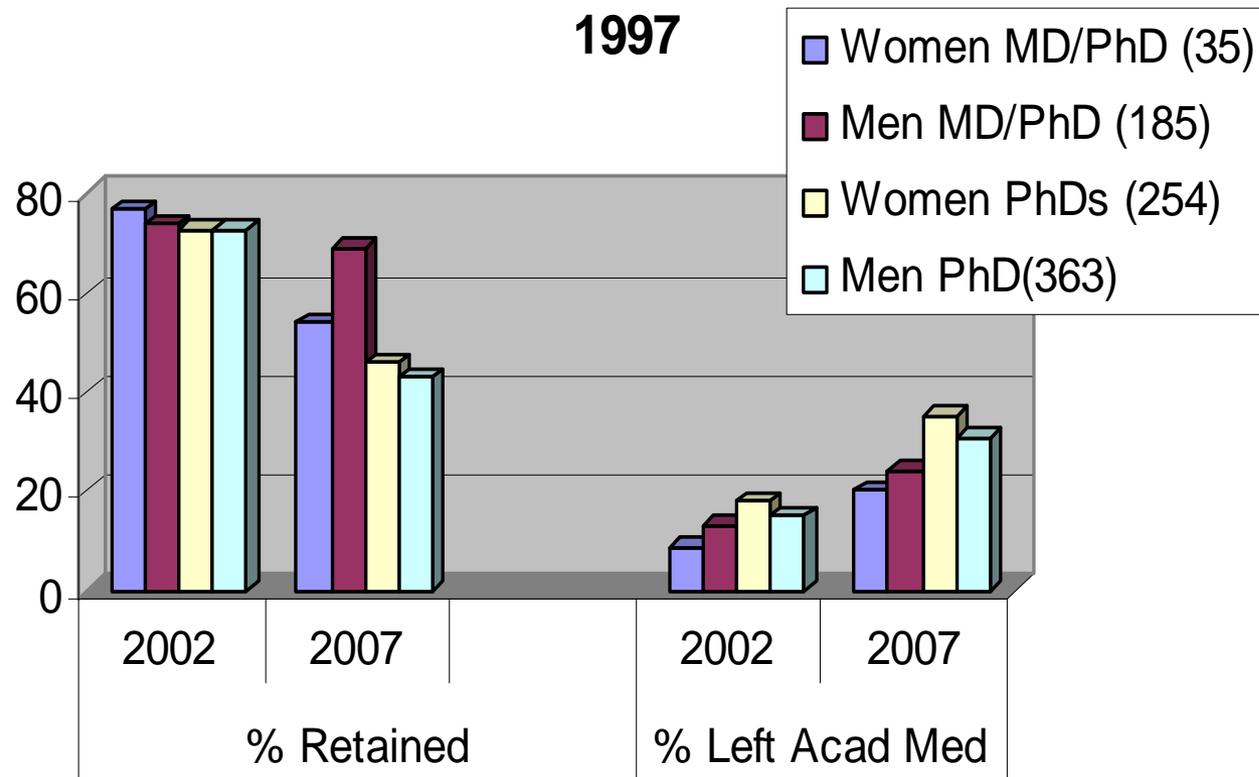
In order to bake the pie...



... and the construction can be messy!

Keeping Faculty Present and Productive

5 and 10 Year Per Cent Retention and Attrition of MD/PhD and PhD Assistant Professors Appointed Fall 1997



Source: AAMC Faculty Roster (report run 2/19/08 from FAMOUS database by Diane Magrane, M.D. for the NIH conference session, Developing Women Leaders, March 4, 2008.

Faculty and Organizational Vitality

Is created and defined by individuals and institutional leaders making reciprocal contributions to mutual goals

Scientists supporting and supported by their institutions

Dimensions of Professional Support Systems that promote Vitality



A comprehensive and integrated system of professional development

Capability

- Adaptation to change and enhanced knowledge and performance
- Improved by feedback, challenge, reflection, and problem solving

Responsibility

- Accountability for conduct and obligations

Community

- Supportive network of learning and reflective practice that contributes to our vitality and productivity

Vitality Requires Alignment of Individual and Institutional Goals and Expectations

Individual

Responsibility

- **Scholarship and service**

Capability

- **Mentoring and coaching**

Community

- **Colleagues and teams**

Institutional

Responsibility

- **Policies and guidelines**

Capability

- **Strategic management of resources**

Community

- **Professional networks**

How might this system apply to the development of scientists?

CAPABILITY:

Advance Skill, seek new partners, coach and mentor others

Align resources with assignments, mentor systems, bridge funding and awards for achievement

RESPONSIBILITY:

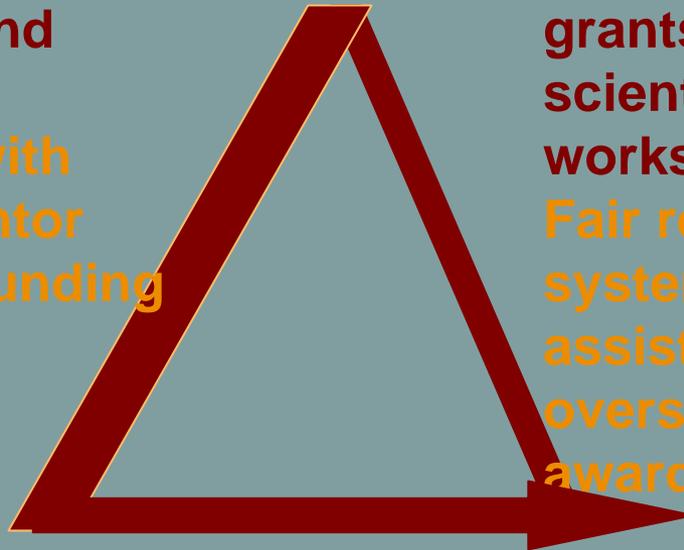
Conduct research; obtain grants; attend & present in scientific meetings; publish works

Fair resource allocation; data systems and grant submission assistance; compliance oversight; bridge funding, awards for achievement;

COMMUNITIES OF PRACTICE:

Local research seminars and collaborative design and problem-solving teams

Local professional development activities, fund participation in professional development activities





AAMC Professional Development Resources

RESPONSIBILITY



“Academic and Scientific Society Interactions with Industry”



“Collaborative Leadership”

“Finding the Balance in Research”



Health in the Balance



AAMC Professional Development Resources

RESPONSIBILITY

Women in U.S. Academic Medicine Statistics and Benchmarking Report

<http://www.aamc.org/members/wim/statistics/stats07/start.htm>

Analysis
IN BRIEF

Volume 5, Number 2
July 2005

Association of American Medical Colleges

The Changing Representation of Men and Women in Academic Medicine

Over the course of the past 30 years, the relative representation of men and women medical students and faculty in the United States has been steadily changing. In 2004, 50 percent of the entering class of medical students and 45 percent of the graduating class were women. The representation of women on faculty has also increased steadily at a little less than 1 percent per year, which is a slower rate than for medical students.

When might we expect the representation of men and women faculty to reflect the parity we are now seeing in medical students? If the current rate of change were to be sustained, women M.D. faculty would approach 50 percent of all faculty sometime between 2025 and 2030.

Why does this distribution of men and women faculty change more slowly than that of students? How has the increase in women graduates contributed to the overall composition of medical faculties? This Analysis in Brief examines the changing demographics of cohorts of M.D. graduates who have joined medical school faculties over the past 38 years. The analysis is based on information from AAMC records on medical students and on information from the AAMC Faculty Roster, which is a database that contains demographic information on over 95 percent of current medical school faculty.

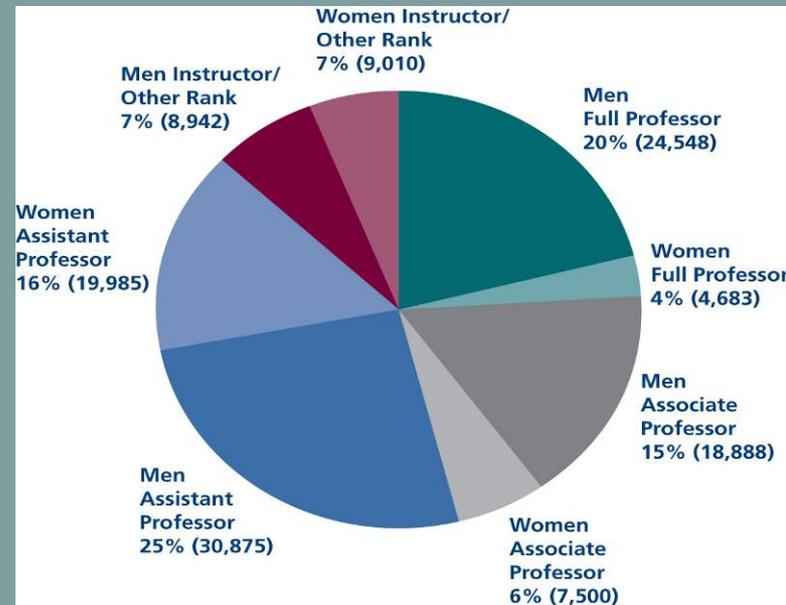
Figure 1 shows the percentage of women M.D. graduates and women M.D. faculty from 1965 to 2004. In the early 1970s, applications to medical school from women began a rapid increase, reflected in the dramatic change in slope of the line depicting women graduates five years later. Seven years following the change in graduation rates, in the early 1980s, as these new women M.D.s completed their training, participation of women on medical school faculties began increasing more rapidly as well.

Several possible explanations exist for this rather abrupt increase in medical graduates in the early 70s. First, changes in the draft law in 1971 eliminated the possibility of avoiding military service by pursuing a degree as a full-time student, and this may have reduced the percentage of men applying to medical school. Second, Congress was wrestling with and eventually passed both the Equal Rights Amendment and a civil rights law, Title IX of the Education Amendments of 1972, prohibiting discrimination in education programs and activities receiving federal funds. College women apparently recognized a greater potential for participation in the professions.

At the same time, capacity for new medical students and demand for new faculty were increasing, with the opening of 25 new medical schools between 1965 and 1974. Many of the new places for entering medical students went to women. Whatever the explanation, this striking change in the 1970s began a period of continued growth in the number of women medical students.

The relationship between women graduates and women faculty can be demonstrated by an analysis of the current composition of medical school faculty. Figure 2 shows the distribution of full-time women and men medical school faculty in 2004 grouped by their year of graduation from medical school. These M.D. faculty members demonstrate a range of career activity, from first appointment to retirement. Many physician faculty who graduated in the 1960s have retired or died in recent years, while graduates of classes since 1995 are still completing their postgraduate

Figure 1. Representation of women M.D.s in academic medicine, 1965-2004



<http://www.aamc.org/data/aib>





AAMC Professional Development Resources

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Faculty Vitae

www.aamc.org/facultyvitae

A screenshot of the Faculty Vitae website for Fall 2006, viewed in Internet Explorer. The page features a blue header with the AAMC logo and navigation links. The main content area is titled "Faculty Vitae" and "Faculty Vitality: Mentoring Fall 2006". It includes a "Feature" section with a photo of a man and a woman, a "Spotlight" section on the University of Arkansas Women's Caucus Advising Program, and a "Leadership Lesson" section. A sidebar on the right lists "Perspectives", "Events", and "Resources". The footer contains a subscription link.

A screenshot of the Faculty Vitae website for Spring 2007, viewed in Internet Explorer. The page features a blue header with the AAMC logo and navigation links. The main content area is titled "Faculty Vitae" and "Community-Based Research: New Networks for Health Spring 2007". It includes a "Feature" section with a photo of a building, a "Spotlight" section on the Native Investigator Development Program, and a "Leadership Lesson" section. A sidebar on the right lists "Perspectives", "Professional Development", and "Team Works". The footer contains a subscription link.





AAMC Professional Development Resources

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Career and Leadership Development Programs
www.aamc.org/meetings

Women Faculty; Executive Development; *Team Works!*





AAMC Professional Development Resources

COMMUNITY



**UVA WIM
Institutional
Leadership
Award**



**2008 TeamWorks
Coaches**



Group on Faculty Affairs



2007 Mid Career Faculty



What does your organization offer for the development of women leaders?

Programs, Publications, and Measures of Outcomes to support Individual and Institutional

- Enhanced Capabilities
- Fulfillment of Responsibilities
- Strengthening of Communities



**AAMC-WIM
& ELAM**



Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

Association of
American Medical Colleges